#1
pg.1

Bureau of Labor and Industries
Wage and Hour Division

PAYROLL
(For Contractor or Subcontractor's Use; See Instruction, Form WH-38A (3/84))

Payroll and Certified Statement Form - For Use in Complying with ORS 279.354

NAME OF CONTRACTOR [X] OR SUBCONTRACTOR [ ]: ROGERS ASPHALT PAV. CO.

ADDRESS: PO Box K, LA GRANDE OR 97850

Phone: (503) 963-3633

FOR WEEK ENDING: Aug. 11 1988

CONTRACTING AGENCY: CITY of ELGIN

Phone ( ) -

PROJECT AND LOCATION: ELGIN, ORE

PROJECT OR CONTRACT NO.: CITY ST.S

DATE CONTRACT SPECIFICATIONS FIRST ADVERTISED FOR BID: JUNE 1988

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # of W/H EXEMPTIONS	(3) WORK CLASSIFICATION (include group number if applicable)	OT. OR ST.	(4) DAY AND DATE: HOURS WORKED EACH DAY (M 10 / TH 11)	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	OTHER	TOTAL DEDUCTIONS	(9) NET WAGE PAID FOR WEEK
STEVE SIMONIS 2918 N. DEPOT, LAGRANDE OR 540-76-2944	3M	FOREMAN	O										
			S	7 / 7½	14½	18.41	266.95	20.05	14.00	9.00	.28	43.33	223.62
JIM PRINCE HOUSE 3207 N. 3rd, LAGRANDE OR 542-50-0810	OS	TRUCK #3	O										
			S	0 / 8	8	17.37	138.96	10.44	18.00	6.00	.14	34.58	104.38
BOB GROVE RT 4 Box 4030, LA GRANDE OR 540-72-6038		TRUCK #3	O										
			S	2 / 7½	9½	17.37	165.02						
BOB GROVE 540-72-6038	OM	LABOR #1	O				38.30						
			S	2½ / 0	2½	15.32	203.32	15.27	26.00	9.00	.28	50.55	152.67
GREGG PIEPER 1805 SPRUCE, LAGRANDE OR 541-80-4321		TRUCK #3	O										
			S	2 / 3	5	17.37	86.85						
GREGG PIEPER 541-80-4321		LABOR #1	O										
			S	5 / 3½	8½	15.32	130.22						
GREGG PIEPER 541-80-4321	OS	EQ OP #7	O				18.07						
			S	0 / 1	1	18.07	235.14	17.66	32.00	14.00	.28	63.94	171.20

#1 cont.
pg. 2

reau of Labor and Industries
ge and Hour Division

PAYROLL
(For Contractor or Subcontractor's Use; See Instruction, Form WH-38A (3/84))

Payroll and Certified Statement Form - For Use in Complying with ORS 279.354

ME OF CONTRACTOR [ ] OR SUBCONTRACTOR [ ]
ROGERS ASPHALT PAV. CO.

ADDRESS PO Box K, LA GRANDE OR 97850
Phone: (503) 963-3633

OR WEEK ENDING | CONTRACTING AGENCY | PROJECT AND LOCATION | PROJECT OR CONTRACT NO. | DATE CONTRACT SPECIFICATIONS FIRST ADVERTISED FOR BID

Phone ( ) -

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # of W/H EXEMPTIONS	(3) WORK CLASSIFICATION (include group number if applicable)	OT. OR ST.	(4) DAY AND DATE: W 10 / TH 11 — HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	FEDERAL WITHHOLDING TAX	STATE WITHHOLDING TAX	OTHER	TOTAL DEDUCTIONS	(9) NET WAGE PAID FOR WEEK
MIKE HAMPTON 1109 V. AVE, LAGRANDE OR 541-66-8236	1S	TRUCK #3	O	0 ½	½	23.71	11.86	33					
			S	0 8	8	17.37	138.96 / 150.82	11	1400	6.00	.14	31.47	119.35
JEFF WALKER 1805 RUSSELL, LAGRANDE OR 542-92-2407		EQ OP #7	O										
			S	0 3	3	18.07	54.21						
JEFF WALKER 542-92-2407	0S	LABOR #1	O				68.94	25					
			S	0 4½	4½	15.32	123.15	9	1500	6.00	.14	30.39	92.76
JOHN NEELY RT 3 Box 1165, LAGRANDE OR 540-52-3443	4M	LABOR #1	O					11					
			S	6½ 7½	14	15.32	214.48	16	100	4.00	28	21.39	193.09
			O										
			S										
			O										
			S										
			O										
			S										

CERTIFIED STATEMENT

I, LINNEA BAILIE, SEC
(Name or signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by ROGERS ASPHALT on the CITY ELGIN
(Contractor, subcontractor or surety) (Building or work)

STS; that during the payroll commencing on the 10 day of AUG, 1988, and ending the 11 day of AUG, 1988, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said ROGERS ASPHALT PAV
(Contractor, subcontractor or surety)

from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as specified in ORS 652.610, and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each worker conform with work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

FORM WH-38 (3/84)

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
In addition to the basic hourly wage rates paid to each worker listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Each worker listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXEMPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

I have read this certified statement, know the contents thereof and it is true to my knowledge.

NAME AND TITLE	SIGNATURE
LINNEA BAILIE SEC	Linnea Bailie

[X] Contractor [ ] Subcontractor [ ] Surety

File this form with the contracting agency and send a true copy to the Bureau of Labor and Industries, 1400 S.W. Fifth Ave., Portland, Oregon 97201.